

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10665661

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/									51	
2	/									52	
3	/									53	
4	/									54	
5	/									55	
6	/									56	
7	/									57	
8	/									58	
9	/									59	
10	/									60	
11	/									61	
12	/									62	
13	/									63	
14	/									64	
15	/									65	
16	/									66	
17	/									67	
18	/									68	
19	/									69	
20	/									70	
21	/									71	
22	/									72	
23	/									73	
24	/									74	
25	/									75	
26	/									76	
27	/									77	
28	/									78	
29	/									79	
30	/									80	
31	/									81	
32	/									82	
33	/									83	
34	/									84	
35	/									85	
36	/									86	
37	/									87	
38	/									88	
39	/									89	
40	/									90	
41	/									91	
42	/									92	
43	/									93	
44	/									94	
45	/									95	
46	/									96	
47	/									97	
48	/									98	
49	/									99	
50	/									100	
TOTAL IND.										TOTAL IND.	
TOTAL DEP.										TOTAL DEP.	
TOTAL CLAIMS										TOTAL CLAIMS	

8  
2  
24  
2  
76

10  
26  
20